

DC MATERIALS

P. O. Box 6250
Springfield, Virginia 22150

December 2, 2008

Permit Expires
6/2/09
Bill Smith
4-2690

Mr. Garrison Miller
NPDES Permits Branch (3WP41)
USEPA Region III
1650 Arch Street
Philadelphia, PA 19103-2029



Re: NPDES Permit Number DC0000191 (DC Materials, Inc.)

Dear Mr. Miller:

Enclosed please find the application for the above referenced permit which is due to expire on June 2, 2009.

For the length of this permit we have operated the facility without discharging process water. We have been able to reuse all the process water we generate in new concrete. Because we have not had a discharge I have not been able to sample for the parameters in Form 2C, Section V. If we should generate a discharge in the near future I will sample for the required parameters and submit the data to you.

The Storm water outfalls also have not seen a discharge. They are isolated from our operations so we have not been able to sample those either. We continue to monitor those outfalls as required by the permit.

If you have any questions please call Mr. Stephen Render or me at (703) 354-7100. My e-mail address is FoleyT@VMCmail.com and you may reach me that way also. Thank you for your assistance.

Sincerely,

Thomas G. Foley
Environmental Engineer

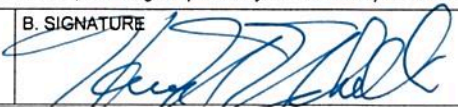
703-354-7100
Ext 202

Enclosure

Sampling at outfalls (no flow) - 50 foot outfall where located
What happens here?
O.K.
2nd SWPPP (amended) did DC Materials recapture for their MSGP (see e-mail dated 12/08/09)
Time to leave the site. Text summer 2010
Letter who should go to Render

FORM 1 GENERAL		U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program (Read the "General Instructions" before starting.)		I. EPA I.D. NUMBER DC0000191		T/A C D	
LABEL ITEMS				GENERAL INSTRUCTIONS			
I. EPA I.D. NUMBER				If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.			
III. FACILITY NAME							
V. FACILITY MAILING ADDRESS							
VI. FACILITY LOCATION							
II. POLLUTANT CHARACTERISTICS							
INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms .							
SPECIFIC QUESTIONS		Mark "X"		SPECIFIC QUESTIONS		Mark "X"	
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		YES	NO	B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		YES	NO
			X				X
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)			X
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)			X	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)			X
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)			X	H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)			X
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)			X	J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)			X
III. NAME OF FACILITY							
C 1 SKIP DC Materials							
15 16 - 29 30 69							
IV. FACILITY CONTACT							
A. NAME & TITLE (last, first, & title)							
C 2 Render, Stephen, VP Operations							
15 16 45 46 48 49 51 52- 55							
B. PHONE (area code & no.)							
(703) 354-7100							
15 16 45 46 48 49 51 52- 55							
V. FACILITY MAILING ADDRESS							
A. STREET OR P.O. BOX							
C 3 P.O. Box 6250							
15 16 45							
B. CITY OR TOWN							
C 4 Springfield							
15 16 40 41 42 47 51							
C. STATE							
VA							
D. ZIP CODE							
22150							
15 16 40 41 42 47 51							
VI. FACILITY LOCATION							
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER							
C 5 25 Potomac Ave., SE							
15 16 45							
B. COUNTY NAME							
46 70							
C. CITY OR TOWN							
C 6 Washington							
15 16 40 41 42 47 51 52 54							
D. STATE							
DC							
E. ZIP CODE							
20004							
15 16 40 41 42 47 51 52 54							
F. COUNTY CODE (if known)							

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)																											
A. FIRST										B. SECOND																	
C	7	3	2	7	3	(specify) Ready-Mix Concrete	C	7					(specify)														
15	16	17	18	19			15	16	17	18	19																
C. THIRD										D. FOURTH																	
C	7					(specify)	C	7				(specify)															
15	16	17	18	19			15	16	17	18	19																
VIII. OPERATOR INFORMATION																											
A. NAME										B. Is the name listed in Item VIII-A also the owner?																	
C	8	DC Materials										<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO															
15	16											55 56															
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box: if "Other," specify.)										D. PHONE (area code & no.)																	
F = FEDERAL					M = PUBLIC (other than federal or state)					P (specify)																	
S = STATE					O = OTHER (specify)					A (703) 354-7100																	
P = PRIVATE										15 16 18 19 21 22 26																	
E. STREET OR P.O. BOX																											
P.O. Box 6250																											
55																											
F. CITY OR TOWN										G. STATE	H. ZIP CODE	IX. INDIAN LAND															
C	B	Springfield										VA	22150	Is the facility located on Indian lands?													
15	16											40 41 42 47 51	52	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO													
X. EXISTING ENVIRONMENTAL PERMITS																											
A. NPDES (Discharges to Surface Water)										D. PSD (Air Emissions from Proposed Sources)																	
C	9	N	DC0000191										C	9	P												
15	16	17	18	30										15	16	17	18	30									
B. UIC (Underground Injection of Fluids)										E. OTHER (specify)																	
C	9	U											C	9		(specify)											
15	16	17	18	30										15	16	17	18	30									
C. RCRA (Hazardous Wastes)										E. OTHER (specify)																	
C	9	R											C	9		(specify)											
15	16	17	18	30										15	16	17	18	30									
XI. MAP																											
Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers, and other surface water bodies in the map area. See instructions for precise requirements.																											
XII. NATURE OF BUSINESS (provide a brief description)																											
We produce ready mix concrete.																											
XIII. CERTIFICATION (see instructions)																											
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.																											
A. NAME & OFFICIAL TITLE (type or print)										B. SIGNATURE					C. DATE SIGNED												
Henry Nehilla, President															11/21/08												
COMMENTS FOR OFFICIAL USE ONLY																											
C	C																										
15	16	55																									

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

C. Except for storm runoff, leaks, or spills, are any of the discharges described in Items II-A or B intermittent or seasonal? <input checked="" type="checkbox"/> YES (complete the following table) <input type="checkbox"/> NO (go to Section III)								
1. OUTFALL NUMBER (list)	2. OPERATION(S) CONTRIBUTING FLOW (list)	3. FREQUENCY		4. FLOW				
		a. DAYS PER WEEK (specify average)	b. MONTHS PER YEAR (specify average)	a. FLOW RATE (in mgd)		b. TOTAL VOLUME (specify with units)		c. DURATION (in days)
				1. LONG TERM AVERAGE	2. MAXIMUM DAILY	1. LONG TERM AVERAGE	2. MAXIMUM DAILY	
001	All, process water is only generated during plant operation	6	12	.011	.023	11600 gal	23200 gal	.25
III. PRODUCTION								
A. Does an effluent guideline limitation promulgated by EPA under Section 304 of the Clean Water Act apply to your facility? <input type="checkbox"/> YES (complete Item III-B) <input checked="" type="checkbox"/> NO (go to Section IV)								
B. Are the limitations in the applicable effluent guideline expressed in terms of production (or other measure of operation)? <input type="checkbox"/> YES (complete Item III-C) <input type="checkbox"/> NO (go to Section IV)								
C. If you answered "yes" to Item III-B, list the quantity which represents an actual measurement of your level of production, expressed in the terms and units used in the applicable effluent guideline, and indicate the affected outfalls.								
1. AVERAGE DAILY PRODUCTION						2. AFFECTED OUTFALLS (list outfall numbers)		
a. QUANTITY PER DAY	b. UNITS OF MEASURE	c. OPERATION, PRODUCT, MATERIAL, ETC. (specify)						
IV. IMPROVEMENTS								
A. Are you now required by any Federal, State or local authority to meet any implementation schedule for the construction, upgrading or operations of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions. <input type="checkbox"/> YES (complete the following table) <input checked="" type="checkbox"/> NO (go to Item IV-B)								
1. IDENTIFICATION OF CONDITION, AGREEMENT, ETC.	2. AFFECTED OUTFALLS		3. BRIEF DESCRIPTION OF PROJECT	4. FINAL COMPLIANCE DATE				
	a. NO.	b. SOURCE OF DISCHARGE		a. REQUIRED	b. PROJECTED			
B. OPTIONAL: You may attach additional sheets describing any additional water pollution control programs (or other environmental projects which may affect your discharges) you now have underway or which you plan. Indicate whether each program is now underway or planned, and indicate your actual or planned schedules for construction. <input type="checkbox"/> MARK "X" IF DESCRIPTION OF ADDITIONAL CONTROL PROGRAMS IS ATTACHED								

EPA I.D. NUMBER (copy from Item 1 of Form 1)
DC0000191

CONTINUED FROM PAGE 2

V. INTAKE AND EFFLUENT CHARACTERISTICS

A, B, & C: See instructions before proceeding – Complete one set of tables for each outfall – Annotate the outfall number in the space provided.
NOTE: Tables V-A, V-B, and V-C are included on separate sheets numbered V-1 through V-9.

D. Use the space below to list any of the pollutants listed in Table 2c-3 of the instructions, which you know or have reason to believe is discharged or may be discharged from any outfall. For every pollutant you list, briefly describe the reasons you believe it to be present and report any analytical data in your possession.

1. POLLUTANT	2. SOURCE	1. POLLUTANT	2. SOURCE
NONE			

VI. POTENTIAL DISCHARGES NOT COVERED BY ANALYSIS

Is any pollutant listed in Item V-C a substance or a component of a substance which you currently use or manufacture as an intermediate or final product or byproduct?

☐ YES (list all such pollutants below)

☒ NO (go to Item VI-B)

CONTINUED FROM THE FRONT

VII. BIOLOGICAL TOXICITY TESTING DATA

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☐ YES (identify the test(s) and describe their purposes below)

☒ NO (go to Section VIII)

VIII. CONTRACT ANALYSIS INFORMATION

Were any of the analyses reported in Item V performed by a contract laboratory or consulting firm?

☐ YES (list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below)

☐ NO (go to Section IX)

A. NAME	B. ADDRESS	C. TELEPHONE (area code & no.)	D. POLLUTANTS ANALYZED (list)

IX. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

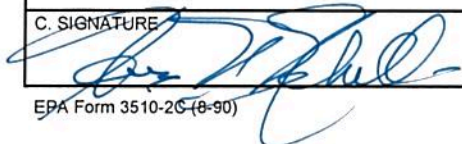
A. NAME & OFFICIAL TITLE (type or print)

Henry Nehilla, President

B. PHONE NO. (area code & no.)

(703) 354-7100

C. SIGNATURE



D. DATE SIGNED

11/21/08

PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets (use the same format) instead of completing these pages.
SEE INSTRUCTIONS.

EPA I.D. NUMBER (copy from Item 1 of Form 1)
DC0000191

V. INTAKE AND EFFLUENT CHARACTERISTICS (continued from page 3 of Form 2-C)		OUTFALL NO. 001
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PART A – You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

1. POLLUTANT	2. EFFLUENT						3. UNITS (specify if blank)		4. INTAKE (optional)			
	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
a. Biochemical Oxygen Demand (BOD)	No Sample	Taken										
b. Chemical Oxygen Demand (COD)												
c. Total Organic Carbon (TOC)												
d. Total Suspended Solids (TSS)												
e. Ammonia (as N)												
f. Flow	VALUE		VALUE		VALUE					VALUE		
g. Temperature (winter)	VALUE		VALUE		VALUE			°C		VALUE		
h. Temperature (summer)	VALUE		VALUE		VALUE			°C		VALUE		
i. pH	MINIMUM	MAXIMUM	MINIMUM	MAXIMUM				STANDARD UNITS				

PART B – Mark "X" in column 2-a for each pollutant you know or have reason to believe is present. Mark "X" in column 2-b for each pollutant you believe to be absent. If you mark column 2a for any pollutant which is limited either directly, or indirectly but expressly, in an effluent limitations guideline, you must provide the results of at least one analysis for that pollutant. For other pollutants for which you mark column 2a, you must provide quantitative data or an explanation of their presence in your discharge. Complete one table for each outfall. See the instructions for additional details and requirements.

1. POLLUTANT AND CAS NO. (if available)	2. MARK "X"		3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. BELIEVED PRESENT	b. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
			(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
a. Bromide (24959-67-9)		X												
b. Chlorine, Total Residual		X												
c. Color		X												
d. Fecal Coliform		X												
e. Fluoride (16984-48-8)		X												
f. Nitrate-Nitrite (as N)		X												

ITEM V-B CONTINUED FROM FRONT

1. POLLUTANT AND CAS NO. (if available)	2. MARK "X"		3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. BELIEVED PRESENT	b. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
			(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
g. Nitrogen, Total Organic (us N)		X												
h. Oil and Grease		X												
i. Phosphorus (as P), Total (7723-14-0)		X												
j. Radioactivity														
(1) Alpha, Total		X												
(2) Beta, Total		X												
(3) Radium, Total		X												
(4) Radium 226, Total		X												
k. Sulfate (as SO ₄) (14808-79-8)		X												
l. Sulfide (as S)		X												
m. Sulfite (as SO ₃) (14265-45-3)		X												
n. Surfactants		X												
o. Aluminum, Total (7429-90-5)		X												
p. Barium, Total (7440-39-3)		X												
q. Boron, Total (7440-42-8)		X												
r. Cobalt, Total (7440-48-4)		X												
s. Iron, Total (7439-89-6)		X												
t. Magnesium, Total (7439-95-4)		X												
u. Molybdenum, Total (7439-98-7)		X												
v. Manganese, Total (7439-96-5)		X												
w. Tin, Total (7440-31-5)		X												
x. Titanium, Total (7440-32-6)		X												

EPA I.D. NUMBER (copy from Item 1 of Form 1)	OUTFALL NUMBER
DC0000191	001

CONTINUED FROM PAGE 3 OF FORM 2-C

PART C - If you are a primary industry and this outfall contains process wastewater, refer to Table 2c-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in column 2-a for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark column 2-a (*secondary industries, nonprocess wastewater outfalls, and nonrequired GC/MS fractions*), mark "X" in column 2-b for each pollutant you know or have reason to believe is present. Mark "X" in column 2-c for each pollutant you believe is absent. If you mark column 2a for any pollutant, you must provide the results of at least one analysis for that pollutant. If you mark column 2b for any pollutant, you must provide the results of at least one analysis for that pollutant if you know or have reason to believe it will be discharged in concentrations of 10 ppb or greater. If you mark column 2b for acrolein, acrylonitrile, 2,4 dinitrophenol, or 2-methyl-4, 6 dinitrophenol, you must provide the results of at least one analysis for each of these pollutants which you know or have reason to believe that you discharge in concentrations of 100 ppb or greater. Otherwise, for pollutants for which you mark column 2b, you must either submit at least one analysis or briefly describe the reasons the pollutant is expected to be discharged. Note that there are 7 pages to this part; please review each carefully. Complete one table (all 7 pages) for each outfall. See instructions for additional details and requirements.

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT								4. UNITS		5. INTAKE (optional)	
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
METALS, CYANIDE, AND TOTAL PHENOLS															
1M. Antimony, Total (7440-36-0)			X												
2M. Arsenic, Total (7440-38-2)			X												
3M. Beryllium, Total (7440-41-7)			X												
4M. Cadmium, Total (7440-43-9)			X												
5M. Chromium, Total (7440-47-3)			X												
6M. Copper, Total (7440-50-8)			X												
7M. Lead, Total (7439-92-1)			X												
8M. Mercury, Total (7439-97-6)			X												
9M. Nickel, Total (7440-02-0)			X												
10M. Selenium, Total (7782-49-2)			X												
11M. Silver, Total (7440-22-4)			X												
12M. Thallium, Total (7440-28-0)			X												
13M. Zinc, Total (7440-66-6)			X												
14M. Cyanide, Total (57-12-5)			X												
15M. Phenols, Total			X												
DIOXIN															
2,3,7,8-Tetra-chlorodibenzo-P-Dioxin (1764-01-6)			X	DESCRIBE RESULTS											

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1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT								4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES	
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS		
																(1) CONCENTRATION
GC/MS FRACTION – VOLATILE COMPOUNDS																
1V. Accrolein (107-02-8)			X													
2V. Acrylonitrile (107-13-1)			X													
3V. Benzene (71-43-2)			X													
4V. Bis (1-chloro- methyl) Ether (542-88-1)			X													
5V. Bromoform (75-25-2)			X													
6V. Carbon Tetrachloride (56-23-5)			X													
7V. Chlorobenzene (108-90-7)			X													
8V. Chlorodi- bromomethane (124-48-1)			X													
9V. Chloroethane (75-00-3)			X													
10V. 2-Chloro- ethylvinyl Ether (110-75-8)			X													
11V. Chloroform (67-66-3)			X													
12V. Dichloro- bromomethane (75-27-4)			X													
13V. Dichloro- difluoromethane (75-71-8)			X													
14V. 1,1-Dichloro- ethane (75-34-3)			X													
15V. 1,2-Dichloro- ethane (107-06-2)			X													
16V. 1,1-Dichloro- ethylene (75-35-4)			X													
17V. 1,2-Dichloro- propane (78-87-5)			X													
18V. 1,3-Dichloro- propylene (542-75-6)			X													
19V. Ethylbenzene (100-41-4)			X													
20V. Methyl Bromide (74-83-9)			X													
21V. Methyl Chloride (74-87-3)			X													

CONTINUED FROM PAGE V-4

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – VOLATILE COMPOUNDS (continued)															
22V. Methylene Chloride (75-09-2)			X												
23V. 1,1,2,2-Tetrachloroethane (79-34-5)			X												
24V. Tetrachloroethylene (127-18-4)			X												
25V. Toluene (108-88-3)			X												
26V. 1,2-Trans-Dichloroethylene (156-60-5)			X												
27V. 1,1,1-Trichloroethane (71-55-6)			X												
28V. 1,1,2-Trichloroethane (79-00-5)			X												
29V Trichloroethylene (79-01-6)			X												
30V. Trichlorofluoromethane (75-69-4)			X												
31V. Vinyl Chloride (75-01-4)			X												
GC/MS FRACTION – ACID COMPOUNDS															
1A. 2-Chlorophenol (95-57-8)			X												
2A. 2,4-Dichlorophenol (120-83-2)			X												
3A. 2,4-Dimethylphenol (105-67-9)			X												
4A. 4,6-Dinitro-O-Cresol (534-52-1)			X												
5A. 2,4-Dinitrophenol (51-28-5)			X												
6A. 2-Nitrophenol (88-75-5)			X												
7A. 4-Nitrophenol (100-02-7)			X												
8A. P-Chloro-M-Cresol (59-50-7)			X												
9A. Pentachlorophenol (87-86-5)			X												
10A. Phenol (108-95-2)			X												
11A. 2,4,6-Trichlorophenol (88-05-2)			X												

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT								4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES	
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS		
																(1) CONCENTRATION
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS																
1B. Acenaphthene (83-32-9)			X													
2B. Acenaphthylene (208-96-8)			X													
3B. Anthracene (120-12-7)			X													
4B. Benzidine (92-87-5)			X													
5B. Benzo (a) Anthracene (56-55-3)			X													
6B. Benzo (a) Pyrene (50-32-8)			X													
7B. 3,4-Benzo- fluoranthene (205-99-2)			X													
8B. Benzo (ghi) Perylene (191-24-2)			X													
9B. Benzo (k) Fluoranthene (207-08-9)			X													
10B. Bis (2-Chloro- ethoxy) Methane (111-91-1)			X													
11B. Bis (2-Chloro- ethyl) Ether (111-44-4)			X													
12B. Bis (2- Chloroisopropyl) Ether (102-80-1)			X													
13B. Bis (2-Ethyl- hexyl) Phthalate (117-81-7)			X													
14B. 4-Bromophenyl Phenyl Ether (101-55-3)			X													
15B. Butyl Benzyl Phthalate (85-68-7)			X													
16B. 2-Chloro- naphthalene (91-58-7)			X													
17B. 4-Chloro- phenyl Phenyl Ether (7005-72-3)			X													
18B. Chrysene (218-01-9)			X													
19B. Dibenzo (a,h) Anthracene (53-70-3)			X													
20B. 1,2-Dichloro- benzene (95-50-1)			X													
21B. 1,3-Di-chloro- benzene (541-73-1)			X													

CONTINUED FROM PAGE V-6

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT								4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES	
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS		
																(1) CONCENTRATION
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (continued)																
22B. 1,4-Dichloro- benzene (106-46-7)			X													
23B. 3,3-Dichloro- benzidine (91-94-1)			X													
24B. Diethyl Phthalate (84-66-2)			X													
25B. Dimethyl Phthalate (131-11-3)			X													
26B. Di-N-Butyl Phthalate (84-74-2)			X													
27B. 2,4-Dinitro- toluene (121-14-2)			X													
28B. 2,6-Dinitro- toluene (606-20-2)			X													
29B. Di-N-Octyl Phthalate (117-84-0)			X													
30B. 1,2-Diphenyl- hydrazine (as Azo- benzene) (122-66-7)			X													
31B. Fluoranthene (206-44-0)			X													
32B. Fluorene (86-73-7)			X													
33B. Hexachloro- benzene (118-74-1)			X													
34B. Hexachloro- butadiene (87-68-3)			X													
35B. Hexachloro- cyclopentadiene (77-47-4)			X													
36B Hexachloro- ethane (67-72-1)			X													
37B. Indeno (1,2,3-cd) Pyrene (193-39-5)			X													
38B. Isophorone (78-59-1)			X													
39B. Naphthalene (91-20-3)			X													
40B. Nitrobenzene (98-95-3)			X													
41B. N-Nitro- sodimethylamine (62-75-9)			X													
42B. N-Nitrosodi- N-Propylamine (621-64-7)			X													

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (continued)															
43B. N-Nitro- sodiphenylamine (86-30-6)			X												
44B. Phenanthrene (85-01-8)			X												
45B. Pyrene (129-00-0)			X												
46B. 1,2,4-Tri- chlorobenzene (120-82-1)			X												
GC/MS FRACTION – PESTICIDES															
1P. Aldrin (309-00-2)			X												
2P. α-BHC (319-84-6)			X												
3P. β-BHC (319-85-7)			X												
4P. γ-BHC (58-89-9)			X												
5P. δ-BHC (319-86-8)			X												
6P. Chlordane (57-74-9)			X												
7P. 4,4'-DDT (50-29-3)			X												
8P. 4,4'-DDE (72-55-9)			X												
9P. 4,4'-DDD (72-54-8)			X												
10P. Dieldrin (60-57-1)			X												
11P. α-Endosulfan (115-29-7)			X												
12P. β-Endosulfan (115-29-7)			X												
13P. Endosulfan Sulfate (1031-07-8)			X												
14P. Endrin (72-20-8)			X												
15P. Endrin Aldehyde (7421-93-4)			X												
16P. Heptachlor (76-44-8)			X												

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001

CONTINUED FROM PAGE V-8

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT								4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES	
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS		
GC/MS FRACTION – PESTICIDES (continued)																
17P. Heptachlor Epoxide (1024-57-3)			X													
18P. PCB-1242 (53469-21-9)			X													
19P. PCB-1254 (11097-69-1)			X													
20P. PCB-1221 (11104-28-2)			X													
21P. PCB-1232 (11141-16-5)			X													
22P. PCB-1248 (12672-29-6)			X													
23P. PCB-1260 (11096-82-5)			X													
24P. PCB-1016 (12674-11-2)			X													
25P. Toxaphene (8001-35-2)			X													

PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets (use the same format) instead of completing these pages.
SEE INSTRUCTIONS.

EPA I.D. NUMBER (copy from Item 1 of Form 1)
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V. INTAKE AND EFFLUENT CHARACTERISTICS (continued from page 3 of Form 2-C)	OUTFALL NO. 002, 003, 004
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PART A – You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

1. POLLUTANT	2. EFFLUENT						3. UNITS (specify if blank)		4. INTAKE (optional)			
	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
a. Biochemical Oxygen Demand (BOD)	No Sample	Taken	Storm	Water	Only							
b. Chemical Oxygen Demand (COD)												
c. Total Organic Carbon (TOC)												
d. Total Suspended Solids (TSS)												
e. Ammonia (as N)												
f. Flow	VALUE		VALUE		VALUE					VALUE		
g. Temperature (winter)	VALUE		VALUE		VALUE			°C		VALUE		
h. Temperature (summer)	VALUE		VALUE		VALUE			°C		VALUE		
i. pH	MINIMUM	MAXIMUM	MINIMUM	MAXIMUM				STANDARD UNITS				

PART B – Mark "X" in column 2-a for each pollutant you know or have reason to believe is present. Mark "X" in column 2-b for each pollutant you believe to be absent. If you mark column 2a for any pollutant which is limited either directly, or indirectly but expressly, in an effluent limitations guideline, you must provide the results of at least one analysis for that pollutant. For other pollutants for which you mark column 2a, you must provide quantitative data or an explanation of their presence in your discharge. Complete one table for each outfall. See the instructions for additional details and requirements.

1. POLLUTANT AND CAS NO. (if available)	2. MARK "X"		3. EFFLUENT						4. UNITS		5. INTAKE (optional)			
	a. BELIEVED PRESENT	b. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
			(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
a. Bromide (24959-67-9)		X												
b. Chlorine, Total Residual		X												
c. Color		X												
d. Fecal Coliform		X												
e. Fluoride (16984-48-8)		X												
f. Nitrate-Nitrite (as N)		X												

ITEM V-B CONTINUED FROM FRONT

1. POLLUTANT AND CAS NO. (if available)	2. MARK "X"		3. EFFLUENT							4. UNITS		5. INTAKE (optional)						
	a. BELIEVED PRESENT	b. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES				
			(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS					
g. Nitrogen, Total Organic (as N)		X																
h. Oil and Grease		X																
i. Phosphorus (as P), Total (7723-14-0)		X																
j. Radioactivity																		
(1) Alpha, Total		X																
(2) Beta, Total		X																
(3) Radium, Total		X																
(4) Radium 226, Total		X																
k. Sulfate (as SO ₄) (14808-79-8)		X																
l. Sulfide (as S)		X																
m. Sulfite (as SO ₃) (14265-45-3)		X																
n. Surfactants		X																
o. Aluminum, Total (7429-90-5)		X																
p. Barium, Total (7440-39-3)		X																
q. Boron, Total (7440-42-8)		X																
r. Cobalt, Total (7440-48-4)		X																
s. Iron, Total (7439-89-6)		X																
t. Magnesium, Total (7439-95-4)		X																
u. Molybdenum, Total (7439-98-7)		X																
v. Manganese, Total (7439-96-5)		X																
w. Tin, Total (7440-31-5)		X																
x. Titanium, Total (7440-32-6)		X																

EPA I.D. NUMBER (copy from Item 1 of Form 1)	OUTFALL NUMBER
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CONTINUED FROM PAGE 3 OF FORM 2-C

PART C - If you are a primary industry and this outfall contains process wastewater, refer to Table 2c-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in column 2-a for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark column 2-a (*secondary industries, nonprocess wastewater outfalls, and nonrequired GC/MS fractions*), mark "X" in column 2-b for each pollutant you know or have reason to believe is present. Mark "X" in column 2-c for each pollutant you believe is absent. If you mark column 2a for any pollutant, you must provide the results of at least one analysis for that pollutant. If you mark column 2b for any pollutant, you must provide the results of at least one analysis for that pollutant if you know or have reason to believe it will be discharged in concentrations of 10 ppb or greater. If you mark column 2b for acrolein, acrylonitrile, 2,4 dinitrophenol, or 2-methyl-4, 6 dinitrophenol, you must provide the results of at least one analysis for each of these pollutants which you know or have reason to believe that you discharge in concentrations of 100 ppb or greater. Otherwise, for pollutants for which you mark column 2b, you must either submit at least one analysis or briefly describe the reasons the pollutant is expected to be discharged. Note that there are 7 pages to this part; please review each carefully. Complete one table (all 7 pages) for each outfall. See instructions for additional details and requirements.

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT								4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES	
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS		
METALS, CYANIDE, AND TOTAL PHENOLS																
1M. Antimony, Total (7440-36-0)			X													
2M. Arsenic, Total (7440-38-2)			X													
3M. Beryllium, Total (7440-41-7)			X													
4M. Cadmium, Total (7440-43-9)			X													
5M. Chromium, Total (7440-47-3)			X													
6M. Copper, Total (7440-50-8)			X													
7M. Lead, Total (7439-92-1)			X													
8M. Mercury, Total (7439-97-6)			X													
9M. Nickel, Total (7440-02-0)			X													
10M. Selenium, Total (7782-49-2)			X													
11M. Silver, Total (7440-22-4)			X													
12M. Thallium, Total (7440-28-0)			X													
13M. Zinc, Total (7440-66-6)			X													
14M. Cyanide, Total (57-12-5)			X													
15M. Phenols, Total			X													
DIOXIN																
2,3,7,8-Tetra-chlorodibenzo-P-Dioxin (1764-01-6)			X	DESCRIBE RESULTS												

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT								4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES	
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS		
GC/MS FRACTION – VOLATILE COMPOUNDS																
1V. Acrolein (107-02-8)			X													
2V. Acrylonitrile (107-13-1)			X													
3V. Benzene (71-43-2)			X													
4V. Bis (Chloro- methyl) Ether (542-88-1)			X													
5V. Bromoform (75-25-2)			X													
6V. Carbon Tetrachloride (56-23-5)			X													
7V. Chlorobenzene (108-90-7)			X													
8V. Chlorodi- bromomethane (124-48-1)			X													
9V. Chloroethane (75-00-3)			X													
10V. 2-Chloro- ethylvinyl Ether (110-75-8)			X													
11V. Chloroform (67-66-3)			X													
12V. Dichloro- bromomethane (75-27-4)			X													
13V. Dichloro- difluoromethane (75-71-8)			X													
14V. 1,1-Dichloro- ethane (75-34-3)			X													
15V. 1,2-Dichloro- ethane (107-06-2)			X													
16V. 1,1-Dichloro- ethylene (75-35-4)			X													
17V. 1,2-Dichloro- propane (78-87-5)			X													
18V. 1,3-Dichloro- propylene (542-75-6)			X													
19V. Ethylbenzene (100-41-4)			X													
20V. Methyl Bromide (74-83-9)			X													
21V. Methyl Chloride (74-87-3)			X													

CONTINUED FROM PAGE V-4

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT								4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES	
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS		
GC/MS FRACTION – VOLATILE COMPOUNDS (continued)																
22V. Methylene Chloride (75-09-2)			X													
23V. 1,1,2,2-Tetrachloroethane (79-34-5)			X													
24V. Tetrachloro-ethylene (127-18-4)			X													
25V. Toluene (108-88-3)			X													
26V. 1,2-Trans-Dichloroethylene (156-60-5)			X													
27V. 1,1,1-Trichloro-ethane (71-55-6)			X													
28V. 1,1,2-Trichloro-ethane (79-00-5)			X													
29V Trichloro-ethylene (79-01-6)			X													
30V. Trichloro-fluoromethane (75-69-4)			X													
31V. Vinyl Chloride (75-01-4)			X													
GC/MS FRACTION – ACID COMPOUNDS																
1A. 2-Chlorophenol (95-57-8)			X													
2A. 2,4-Dichloro-phenol (120-83-2)			X													
3A. 2,4-Dimethyl-phenol (105-67-9)			X													
4A. 4,6-Dinitro-O-Cresol (534-52-1)			X													
5A. 2,4-Dinitro-phenol (51-28-5)			X													
6A. 2-Nitrophenol (88-75-5)			X													
7A. 4-Nitrophenol (100-02-7)			X													
8A. P-Chloro-M-Cresol (59-50-7)			X													
9A. Pentachloro-phenol (87-86-5)			X													
10A. Phenol (108-95-2)			X													
11A. 2,4,6-Trichloro-phenol (88-05-2)			X													

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT								4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES	
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS		
																(1) CONCENTRATION
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS																
1B. Acenaphthene (83-32-9)			X													
2B. Acenaphthylene (208-96-8)			X													
3B. Anthracene (120-12-7)			X													
4B. Benzidine (92-87-5)			X													
5B. Benzo (a) Anthracene (56-55-3)			X													
6B. Benzo (a) Pyrene (50-32-8)			X													
7B. 3,4-Benzo- fluoranthene (205-99-2)			X													
8B. Benzo (ghi) Perylene (191-24-2)			X													
9B. Benzo (k) Fluoranthene (207-08-9)			X													
10B. Bis (2-Chloro- ethoxy) Methane (111-91-1)			X													
11B. Bis (2-Chloro- ethyl) Ether (111-44-4)			X													
12B. Bis (2- Chloroisopropyl) Ether (102-80-1)			X													
13B. Bis (2-Ethyl- hexyl) Phthalate (117-81-7)			X													
14B. 4-Bromophenyl Phenyl Ether (101-55-3)			X													
15B. Butyl Benzyl Phthalate (85-68-7)			X													
16B. 2-Chloro- naphthalene (91-58-7)			X													
17B. 4-Chloro- phenyl Phenyl Ether (7005-72-3)			X													
18B. Chrysene (218-01-9)			X													
19B. Dibenzo (a,h) Anthracene (53-70-3)			X													
20B. 1,2-Dichloro- benzene (95-50-1)			X													
21B. 1,3-Di-chloro- benzene (541-73-1)			X													

CONTINUED FROM PAGE V-6

1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT							4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVR. VALUE (if available)		d. NO. OF ANALYSES	a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (continued)															
22B. 1,4-Dichloro- benzene (106-46-7)			X												
23B. 3,3-Dichloro- benzidine (91-94-1)			X												
24B. Diethyl Phthalate (84-66-2)			X												
25B. Dimethyl Phthalate (131-11-3)			X												
26B. Di-N-Butyl Phthalate (84-74-2)			X												
27B. 2,4-Dinitro- toluene (121-14-2)			X												
28B. 2,6-Dinitro- toluene (606-20-2)			X												
29B. Di-N-Octyl Phthalate (117-84-0)			X												
30B. 1,2-Diphenyl- hydrazine (as Azo- benzene) (122-66-7)			X												
31B. Fluoranthene (206-44-0)			X												
32B. Fluorene (86-73-7)			X												
33B. Hexachloro- benzene (118-74-1)			X												
34B. Hexachloro- butadiene (87-68-3)			X												
35B. Hexachloro- cyclopentadiene (77-47-4)			X												
36B Hexachloro- ethane (67-72-1)			X												
37B. Indeno (1,2,3-cd) Pyrene (193-39-5)			X												
38B. Isophorone (78-59-1)			X												
39B. Naphthalene (91-20-3)			X												
40B. Nitrobenzene (98-95-3)			X												
41B. N-Nitro- sodimethylamine (62-75-9)			X												
42B. N-Nitrosodi- N-Propylamine (621-64-7)			X												

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1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT								4. UNITS		5. INTAKE (optional)		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES	
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS		
GC/MS FRACTION – BASE/NEUTRAL COMPOUNDS (continued)																
43B. N-Nitro- sodiphenylamine (86-30-6)			X													
44B. Phenanthrene (85-01-8)			X													
45B. Pyrene (129-00-0)			X													
46B. 1,2,4-Tri- chlorobenzene (120-82-1)			X													
GC/MS FRACTION – PESTICIDES																
1P. Aldrin (309-00-2)			X													
2P. α-BHC (319-84-6)			X													
3P. β-BHC (319-85-7)			X													
4P. γ-BHC (58-89-9)			X													
5P. δ-BHC (319-86-8)			X													
6P. Chlordane (57-74-9)			X													
7P. 4,4'-DDT (50-29-3)			X													
8P. 4,4'-DDE (72-55-9)			X													
9P. 4,4'-DDD (72-54-8)			X													
10P. Dieldrin (60-57-1)			X													
11P. α-Endosulfan (115-29-7)			X													
12P. β-Endosulfan (115-29-7)			X													
13P. Endosulfan Sulfate (1031-07-8)			X													
14P. Endrin (72-20-8)			X													
15P. Endrin Aldehyde (7421-93-4)			X													
16P. Heptachlor (76-44-8)			X													

EPA I.D. NUMBER (copy from Item 1 of Form 1)

OUTFALL NUMBER

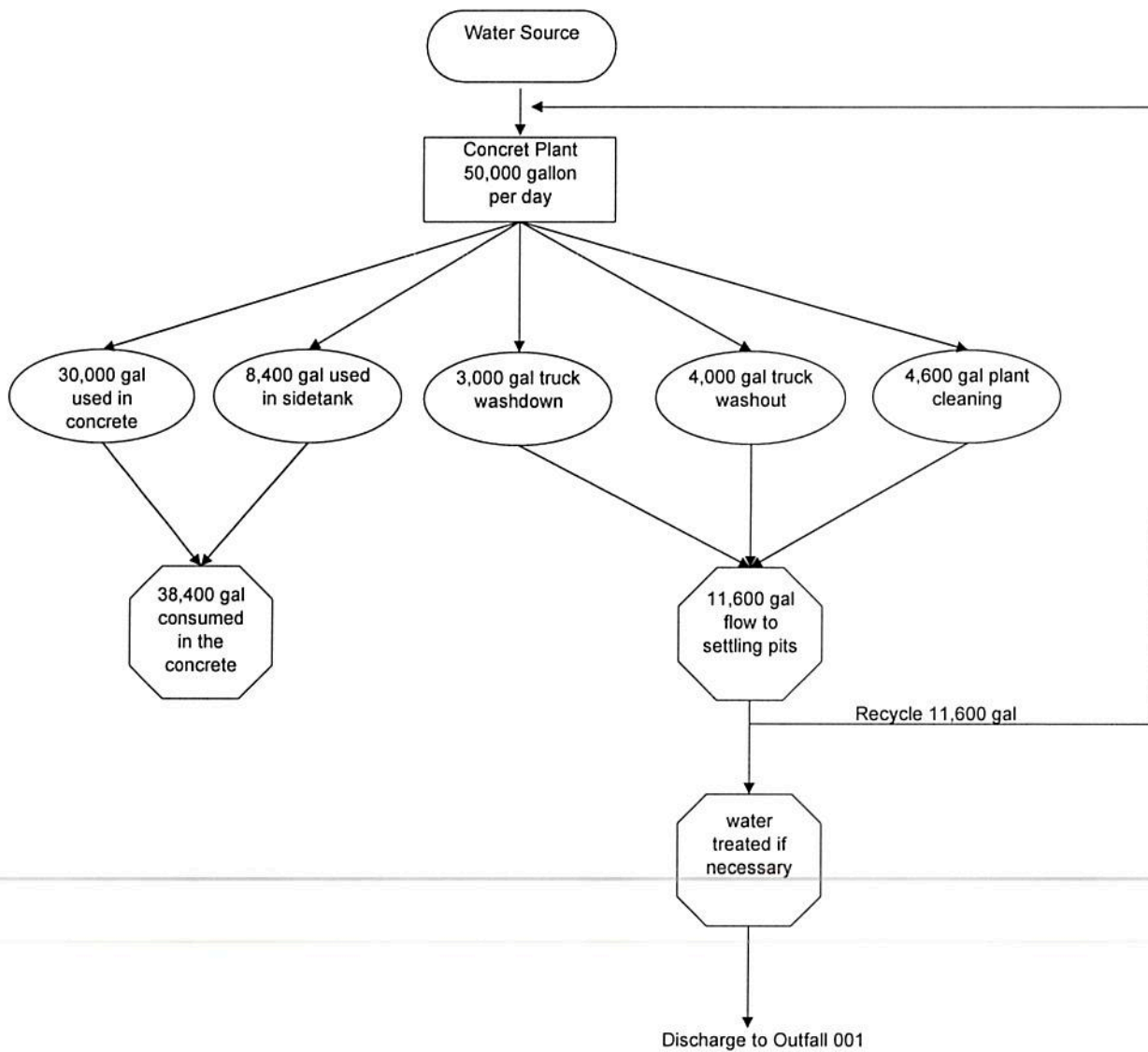
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1. POLLUTANT AND CAS NUMBER (if available)	2. MARK "X"			3. EFFLUENT								4. UNITS		5. INTAKE (optional)			
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)		d. NO. OF ANALYSES	a. CONCEN- TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES		
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS			
GC/MS FRACTION – PESTICIDES (continued)																	
17P. Heptachlor Epoxide (1024-57-3)			X														
18P. PCB-1242 (53469-21-9)			X														
19P. PCB-1254 (11097-69-1)			X														
20P. PCB-1221 (11104-28-2)			X														
21P. PCB-1232 (11141-16-5)			X														
22P. PCB-1248 (12672-29-6)			X														
23P. PCB-1260 (11096-82-5)			X														
24P. PCB-1016 (12674-11-2)			X														
25P. Toxaphene (8001-35-2)			X														

DC MATERIALS WATER BALANCE



DC MATERIALS
(DC0000191)

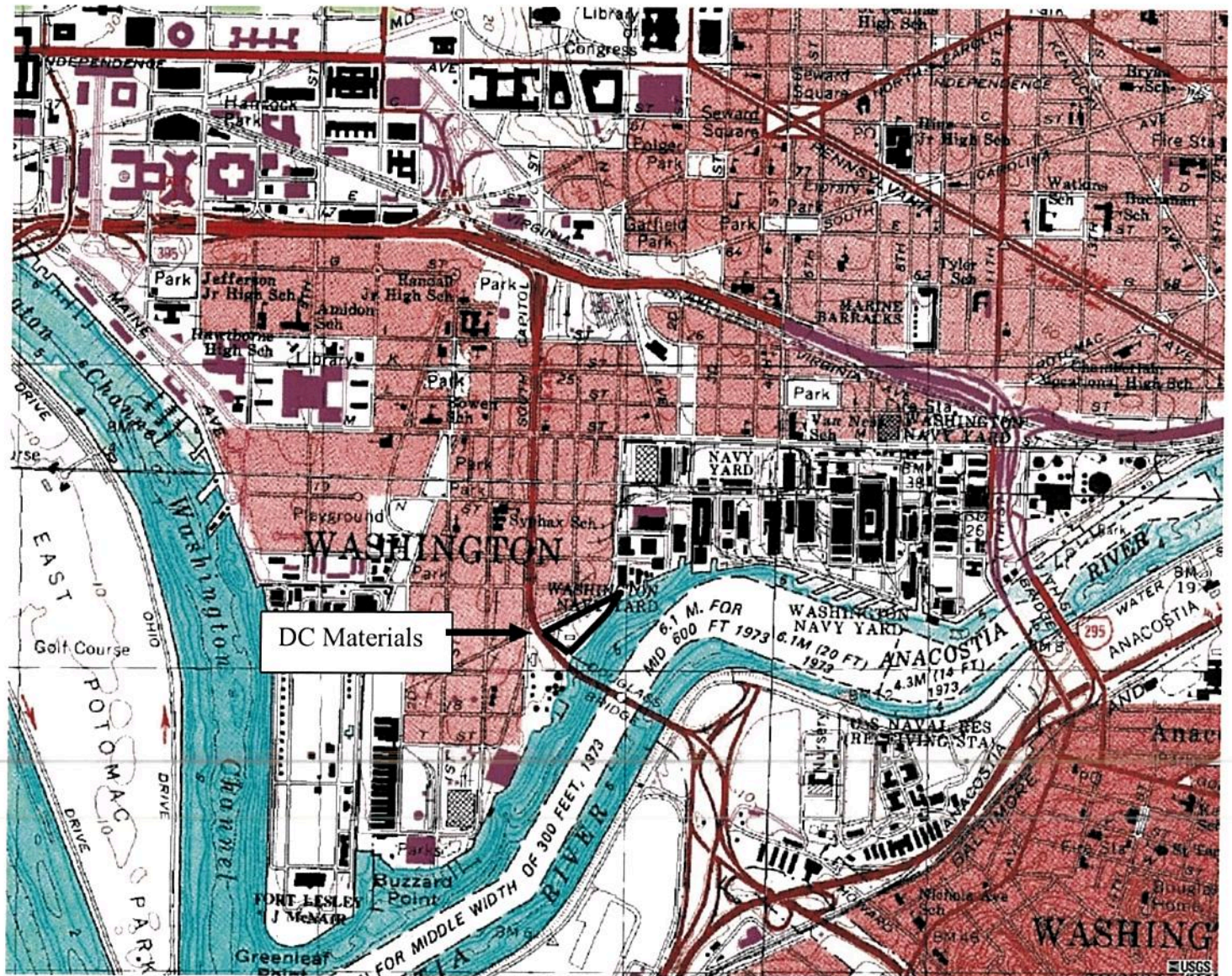


Table 2F-1
Codes for Treatment Units
Physical Treatment Processes

1-A	Ammonia Stripping	1-M	Grit Removal
1-B	Dialysis	1-N	Microstraining
1-C	Diatomaceous Earth Filtration	1-O	Mixing
1-D	Distillation	1-P	Moving Bed Filters
1-E	Electrodialysis	1-Q	Multimedia Filtration
1-F	Evaporation	1-R	Rapid Sand Filtration
1-G	Flocculation	1-S	Reverse Osmosis (Hyperfiltration)
1-H	Flotation	1-T	Screening
1-I	Foam Fractionation	1-U	Sedimentation (Settling)
1-J	Freezing	1-V	Slow Sand Filtration
1-K	Gas-Phase Separation	1-W	Solvent Extraction
1-L	Grinding (Comminutors)	1-X	Sorption

Chemical Treatment Processes

2-A	Carbon Adsorption	2-G	Disinfection (Ozone)
2-B	Chemical Oxidation	2-H	Disinfection (Other)
2-C	Chemical Precipitation	2-I	Electrochemical Treatment
2-D	Coagulation	2-J	Ion Exchange
2-E	Dechlorination	2-K	Neutralization
2-F	Disinfection (Chlorine)	2-L	Reduction

Biological Treatment Processes

3-A	Activated Sludge	3-E	Pre-Aeration
3-B	Aerated Lagoons	3-F	Spray Irrigation/Land Application
3-C	Anaerobic Treatment	3-G	Stabilization Ponds
3-D	Nitrification-Denitrification	3-H	Trickling Filtration

Other Processes

4-A	Discharge to Surface Water	4-C	Reuse/Recycle of Treated Effluent
4-B	Ocean Discharge Through Outfall	4-D	Underground Injection

Sludge Treatment and Disposal Processes

5-A	Aerobic Digestion	5-M	Heat Drying
5-B	Anaerobic Digestion	5-N	Heat Treatment
5-C	Belt Filtration	5-O	Incineration
5-D	Centrifugation	5-P	Land Application
5-E	Chemical Conditioning	5-Q	Landfill
5-F	Chlorine Treatment	5-R	Pressure Filtration
5-G	Composting	5-S	Pyrolysis
5-H	Drying Beds	5-T	Sludge Lagoons
5-I	Elutriation	5-U	Vacuum Filtration
5-J	Flotation Thickening	5-V	Vibration
5-K	Freezing	5-W	Wet Oxidation
5-L	Gravity Thickening		